

Testimony
House Committee on Families, Children and Seniors
September 19, 2012

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Good afternoon, Chairman Kurtz and Committee Members,

My name is Judith Kovach. I am a fully licensed psychologist and am here representing the Michigan Psychological Association. I want to be clear that Dr. Scheid and I represent two different organizations – she, the psychiatric society and I, the psychological association. Over the years, the two organizations have disagreed on issues probably as often as we have agreed. However, Dr. Scheid and I sit here together today because both our organizations support the amendment that I will read to you shortly. With this amendment, the Michigan Psychological Association can support this legislation, so badly needed to protect the needs of children who come to the attention of our juvenile justice system.

This amendment is not about scope of practice issues or turf wars. Rather, it is about ensuring that children get the best, most competent evaluation possible. You will note that the amendment does not specify titles for who can perform evaluations; it speaks to the education, training and experience that a licensed mental health professional must have to become qualified juvenile forensic mental health examiners. It also opens the door to allow qualified mental health professionals to participate in a training program to become qualified examiners.

Suggested amendments to SB 247 (S-1) and SB 246

SB 247: Section 1060B, p.12 (Also SB 246, p.3, line 11)

(3) "QUALIFIED JUVENILE FORENSIC MENTAL HEALTH EXAMINER" MEANS 1 OF THE FOLLOWING WHO PERFORMS FORENSIC MENTAL HEALTH EXAMINATIONS FOR THE PURPOSES OF SECTIONS 1062 TO 1074:

(A) A PSYCHIATRIST OR PSYCHOLOGIST WHO POSSESSES EXPERIENCE OR TRAINING IN THE FOLLOWING:

- i. FORENSIC EVALUATION PROCEDURES FOR JUVENILES.
- ii. EVALUATION, ~~OR~~ DIAGNOSIS AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH EMOTIONAL DISTURBANCE, MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITIES.
- iii. CLINICAL UNDERSTANDING OF CHILD AND ADOLESCENT DEVELOPMENT.
- iv. FAMILIARITY WITH COMPETENCY STANDARDS IN THIS STATE.

(B) BEGINNING 18 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION, ~~A MENTAL HEALTH PROFESSIONAL LICENSED MASTER'S SOCIAL WORKER OR LICENSED PROFESSIONAL COUNSELOR OR LIMITED LICENSE PSYCHOLOGIST~~ WHO POSSESSES EXPERIENCE AND TRAINING IN THE FOLLOWING IS ELIGIBLE TO APPLY FOR MEETS THE CERTIFICATION UNDER THE REQUIREMENTS OF THE PROGRAM ESTABLISHED BY THE DEPARTMENT UNDER SECTION 1072.

- i. EVALUATION, DIAGNOSIS AND TREATMENT OF CHILDREN AND ADOLESCENTS WITH EMOTIONAL DISTURBANCE, MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITIES.
- ii. CLINICAL UNDERSTANDING OF CHILD AND ADOLESCENT DEVELOPMENT.

SB 247 p. 20

SEC. 1072. NOT LATER THAN 18 MONTHS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION, THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT THE FOLLOWING:

- 1) REVIEW AND ENDORSE A TRAINING PROGRAM FOR QUALIFIED JUVENILE FORENSIC MENTAL HEALTH EXAMINERS WHO PROVIDE JUVENILE COMPETENCY EXAMS. A PSYCHIATRIST OR PSYCHOLOGIST MAY, BUT IS NOT REQUIRED TO, SEEK CERTIFICATION UNDER THE PROGRAM ESTABLISHED UNDER THIS SECTION.
- 2) CRITERIA AND A PROCESS TO QUALIFY INDIVIDUALS ON THE BASIS OF THEIR TRAINING AND EXPERIENCE IN CHILD DEVELOPMENT AND CLINICAL TREATMENT OF CHILDREN AND ADOLESCENTS TO BE ELIGIBLE TO ENROLL IN AN ENDORSED TRAINING PROGRAM FOR QUALIFIED JUVENILE FORENSIC MENTAL HEALTH EXAMINERS.
- 3) THE DEPARTMENT MAY MAKE ADAPTATIONS OR ADJUSTMENTS TO THE ENDORSED TRAINING PROGRAM DESCRIBED UNDER SECTIONS (1) AND (2) BASED ON RESEARCH AND BEST PRACTICES

The amendments would make clear that qualified examiners would be grounded in sufficient knowledge of child development and the clinical treatment of children and adolescents to be prepared to take the course, which would add forensic training to a solid clinical base (which cannot be taught in a short-term course) thus opening the path for more qualified forensic mental health professionals, and ensuring the quality of the examinations and reports.

The department could develop criteria for mental health professionals to qualify for the training and implement by designing a form to be filled out and attested to, much like applicants for licensing do. The training program could verify that eligibility criteria had been met by accessing the application online.

This approach is backed up by the national experts who have served as guides and consultants throughout this process.

Developing Statutes for Competence to Stand Trial in Juvenile Delinquency Proceedings: A Guide for Lawmakers <http://www.ncsl.org/documents/cj/larsonhandout.pdf>

Kimberly Larson, Ph.D., J.D.
Thomas Grisso, Ph.D.

p. 51

Recommendation: *Qualifications of the Examiner*

We recommend that states should require at least a minimum level of training and/or experience in the area of child clinical psychology or psychiatry and in forensic practice. Psychologists or psychiatrists should practice only in areas in which they have had sufficient training.

We recognize that in some states, such criteria could result in a lack of qualified examiners. As a remedy, we suggest that many communities will have child developmental professionals who can be provided continuing education opportunities that will allow them to understand the legal concept of competence to stand trial. A large number of states and communities have required continuing education programs for professionals who provide the courts with forensic evaluations. Some of these states also require an examination that demonstrates a minimum level of competency or ongoing review of sample reports to ensure adequacy of reports.

It is our opinion, however, that **it would be much more difficult to train forensic clinicians without child clinical experience** to perform juvenile competence to stand trial evaluations. By definition, such evaluations require expertise in **diagnosing** childhood mental disorders, which are quite different from adult mental disorders. The degree of training that would be required typically is not possible through continuing education mechanisms.